



D. Permanency Plan

Choose from: Reunification, Adoption, Guardianship, Placement with a Fit and Willing Relative, Alternative Planned Living Arrangement. If more than one plan is identified, list plans in order of preference. If the child is 16 years of age or older, include a written description of the programs and services which will help such child prepare for the transition from foster care to independent living; or, describe why such a plan is not appropriate.

Plan:

Estimated Date for Permanency Plan:

Date of Permanency Plan Court Hearing:

E. Rehabilitative Services Recommended		
Is there a Parental Participation Order? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please describe services ordered.		
For Parents/Guardians/Caretakers/Children including efforts already made to provide services:		
Efforts Already Made:		
Begin Date	End Date	Provider
Outcomes:		
Services Recommended (educational, provision of necessary clothing and supplies, medical and dental care, counseling and remediation or other as identified in this plan):		
Begin Date	End Date	
Efforts to be made to provide the services ordered by the court:		

F. Education		
School Status:	Full-Time <input checked="" type="checkbox"/>	Part-Time <input type="checkbox"/> None <input type="checkbox"/>
Name of School:		
Address of School:		
Current Performance Level in School Including Any Learning Needs:		
Special Needs Designation (if applicable):		
Most Recent Individualized Education Plan date (if applicable):		

G. Health
Please attach all available health records and summarize the health status of the child.

H. Visitation Arrangements for Parent/Guardian/Custodian
Is a visitation plan in place: Yes <input type="checkbox"/> No <input type="checkbox"/>
Please describe:

I. Acknowledgement/Agreement of all Parties			
I am aware of the reason for wardship and/or placement of the above-named children.			
I have reviewed the Case plan and agree <input type="checkbox"/> do not agree <input type="checkbox"/>			
Parent/Guardian/Custodian	Review Date	Signature Date	Signature

--	--	--	--

J. Case Plan Review
After completion of the initial case plan within the first 60 days, the case plan must be reviewed and updated by the probation department at least once every one hundred eighty (180) days.
Date of 1 st Review:
Date of 2 nd Review:
(Include additional review dates if appropriate).
Date of Next Review:

K. Current Circumstances at each 180 days
Have the parent, guardian or custodian's addresses changed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, please provide:
Please complete the following if there have been any changes since the last report. If there are none, check the N/A box.
Child's earned or unearned income or any other type of funds from any source? N/A <input type="checkbox"/>
Parents earned or unearned income or any other type of funds from any source? N/A <input type="checkbox"/>

Copy of the Case Plan (Notification) delivered to:		
Child's Mother	Date:	Hand Delivery <input type="checkbox"/> First Class Mail <input type="checkbox"/>
Child's Father	Date:	Hand Delivery <input type="checkbox"/> First Class Mail <input type="checkbox"/>
Child's Guardian/Custodian	Date:	Hand Delivery <input type="checkbox"/> First Class Mail <input type="checkbox"/>
Agency with Legal Responsibility	Date:	Hand Delivery <input type="checkbox"/> First Class Mail <input type="checkbox"/>
Department of Child Services	Date:	Electronically <input type="checkbox"/>
		Hand Delivery <input type="checkbox"/> First Class Mail <input type="checkbox"/>

Probation Officer's Signature:
Typed Signature:
Date:

**Please retain a signed copy for the probation records.*

**Please send to:*

D.C.S. Probation Services Coordinator
302 W. Washington Street Room E306 – MS 47
Indianapolis, IN 46204-2739

Or email:

Paula Buchanan at: **Paula.Buchanan@dcs.IN.gov**